

Cat Clinic of Folsom
6693 Folsom-Auburn Rd. Ste. N
Folsom, CA 95630
916-988-7111

Health Wellness Questionnaire

Date: _____
Patient: _____
Client: _____
Phone #: _____

Please mark yes or no for the following questions:

Circle one of the following:
Indoor / Outdoor / Both

Is your cat:	YES	NO	*If yes, explain:
Sneezing?	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing?	<input type="checkbox"/>	<input type="checkbox"/>	
Vomiting?	<input type="checkbox"/>	<input type="checkbox"/>	
Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	

What does your cat eat?		
	Dry	Canned
Brand of Food:		
How Much:		
How Often:		

Is/Does your cat:	YES	NO	*If no, explain:
Eating normal?	<input type="checkbox"/>	<input type="checkbox"/>	
Drinking normal?	<input type="checkbox"/>	<input type="checkbox"/>	
Urinating normal?	<input type="checkbox"/>	<input type="checkbox"/>	
Defecating normal?	<input type="checkbox"/>	<input type="checkbox"/>	

Is your cat on:	YES	NO	*If yes, list names and dosage:
Flea control?	<input type="checkbox"/>	<input type="checkbox"/>	
Heartworm Prevention?	<input type="checkbox"/>	<input type="checkbox"/>	
Medication(s)?	<input type="checkbox"/>	<input type="checkbox"/>	
List medications:			

Medical Concerns

	YES	NO
Noticeably losing weight?	<input type="checkbox"/>	<input type="checkbox"/>
Noticeably gaining weight?	<input type="checkbox"/>	<input type="checkbox"/>
Lethargic?	<input type="checkbox"/>	<input type="checkbox"/>
Eliminating out of the box?	<input type="checkbox"/>	<input type="checkbox"/>
Increased vocalization?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Shaking/scratching ears?	<input type="checkbox"/>	<input type="checkbox"/>
Seem itchy?	<input type="checkbox"/>	<input type="checkbox"/>
Have changes in eating?	<input type="checkbox"/>	<input type="checkbox"/>
Recent changes in house?	<input type="checkbox"/>	<input type="checkbox"/>
Exhibiting mouth problems?	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: _____

